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**Complaints Form**

| Your name: |
| --- |
| Pupils/students name: |
| Your relationship to pupil/student: |
| Your address and postcode: |
| Your daytime telephone number:  |
| Your evening telephone number: |
| Your email address: |
| Your complaint is: (if you have more than one complaint, please number these)  |
| What action have you already taken to try and resolve your complaint(s) in accordance with Stage 1 of the school’s complaints procedure? (Who did you speak to and what was the response?) |
| What would you like as an outcome from your complaint(s)? |
| Are you attaching any paperwork? If so, give details here: |

Your signature……………………………………………………… Date …………………

All functions of the complaints procedure must adhere to the requirements of the Data Protection Act 2018 and the Freedom of Information Act 2000.

Please complete and return to the school office in a sealed envelope addressed to the Head of School/ Principal, Clerk of the Local Academy Governing Board or Clerk of the Trustees (as appropriate).

**Office use**

Date received …………………………………………………………

Date acknowledgement sent …………………………………………………………

Responsible member of staff …………………………………………………………